

# CLAIMS ONLY

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DER.	IND.	DER.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51						
2	/		1				52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	10		10				TOTAL DEP.						
TOTAL CLAIMS	12		12				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

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